

Background Information

By signing this form, I understand and agree that the following information about me is necessary to assist the Office of Financial and Insurance Services (OFIS) in evaluating the application to organize

Proposed Organization

The information will be used to evaluate, among other things, my character, fitness and responsibility as required by the respective statute.

Although submission of the information is voluntary, omissions or inaccuracies in completing this form may result in denial of the application. While information provided on the application form is available for public inspection and copying, additional information provided on this form shall not be available for public dissemination.

In reviewing my character and ascertaining my level of fitness and responsibility, OFIS may also contact federal and state law enforcement agencies, other governmental agencies, and credit reporting agencies. If any information obtained by OFIS indicates a violation of law, the information will be shared with any agency responsible for investigating or prosecuting the violation. The information may also be shared with the appropriate federal regulatory or insuring agency.

If information about me would warrant denial of the application, OFIS will provide notice, including a statement of the statutory and factual basis which would warrant denial and my rights in respect thereto, to me via the person who is the designated liaison for the application.

Full Name (Please Print)			
Residence Address (Including City, State and Zip Code)			Social Security No.
			Driver's License No.
Date of Birth	Gender	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Telephone No.
Other name(s) and social security number(s) under which income tax information is filed, if applicable.			
Other names by which I am known or have used in the past, if applicable.			

Signature	Date
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Authorized by PA 276 of 1999, as amended, and PA 354 of 1996, as amended, and PA 215 of 2003, as amended. Required to complete application referenced above.



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442